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Attorney Docket No.: 501438.20501
Customer No.: 026418

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: **Craig D. Friedman, et al.** : Art Unit:
Serial No.: 10/692,055 : Examiner:
Filing Date: October 22, 2003 : Confirmation No.:
For: **METHOD AND SYSTEM FOR INTRAVESICULAR
DELIVERY OF THERAPEUTIC AGENTS**

June 22, 2004

Mail Stop: **Patent Application**
Commissioner for Patents
P.O. Box 1450
Alexandria, A 22313-1450

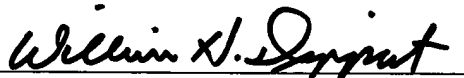
TRANSMITTAL

S I R:

Enclosed herewith are executed Declaration and Power of Attorney forms
regarding the above application.

Respectfully submitted

June 22, 2004


William H. Dippert
Registration No. 26,723

Reed Smith LLP
599 Lexington Avenue
29th Floor
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Tel.: 212-521-5400; Fax: 212-521-5450



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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	501438.20501
	First Named Inventor	Craig D. Friedman
	COMPLETE IF KNOWN	
	Application Number	10 / 692,055
	Filing Date	October 22, 2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR INTRAVESICULAR DELIVERY OF THERAPEUTIC AGENTS

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

10/692,055

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arindam		Datta	
Inventor's Signature		Date	
Residence: City Hillsborough	State NJ	Country US	Citizenship US
Mailing Address 26 Baker Circle			
Mailing Address			
City Hillsborough	State NJ	ZIP 08844	Country US
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arthur H.		Tinkelenberg	
Inventor's Signature		Date 4/23/04	
Residence: City Brooklyn	State NY	Country US	Citizenship US
Mailing Address 226 Carlton Avenue, Apartment #1			
Mailing Address			
City Brooklyn	State NY	ZIP 11205	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

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Given Name (first and middle (if any))		Family Name or Surname	
Arindam		Datta	
Inventor's Signature <i>[Signature]</i>		Date <u>4/27/04</u>	
Residence: City Hillsborough	State NJ	Country US	Citizenship US
Mailing Address 26 Baker Circle			
Mailing Address			
City Hillsborough	State NJ	ZIP 08844	Country US
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Inventor's Signature		Date	
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Mailing Address			
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Mailing Address			
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name William H. Dippert

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Address 599 Lexington Avenue, 29th Floor

City New York

State New York

ZIP 10022

Country US

Telephone 212-521-5400

Fax 212-521-5450

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Craig D.

Family Name
or Surname Friedman

Inventor's
Signature

Date 6/22/2004

Residence: City Westport

State CT

Country US

Citizenship US

Mailing Address 19 Cross Highway

Mailing Address

City Westport

State CT

ZIP 06880

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Peter D.

Family Name
or Surname Constantino

Inventor's
Signature

Date

Residence: City Armonk

State NY

Country US

Citizenship US

Mailing Address 12 Wright's Mill Road

Mailing Address

City Armonk

State NY

ZIP 10504

Country US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Craig D.

Family Name
or Surname Friedman

Inventor's
Signature

Date

Residence: City Westport

State CT

Country US

Citizenship US

Mailing Address 19 Cross Highway

Mailing Address

City Westport

State CT

ZIP 06880

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Peter D.

Family Name
or Surname Constantino

Inventor's
Signature

Date

05/04/04

Residence: City Armonk

State NY

Country US

Citizenship US

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City Armonk

State NY

ZIP 10504

Country US

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PTO/SB/41 (02-01)

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Application Number	10/692,055
Filing Date	October 22, 2003 herewith
First Named Inventor	Craig D. Friedman
Title	Method And System For ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	501438.20501

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OR

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Name	Registration Number
William H. Dippert	26.723

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Individual Name

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Peter D. Costantino

Signature

Date

05/04/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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Title	Method And System For ...
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Examiner Name	
Attorney Docket Number	501438.20501

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☒ Firm or
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SIGNATURE of Applicant or Assignee of Record

Name

Arthur H. Tinkelenberg

Signature

Date

4-23-04

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First Named Inventor	Craig D. Friedman
Title	Method And System For ...
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Examiner Name	
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OR

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<input checked="" type="checkbox"/> Firm or Individual Name	William H. Dippert					
Address	599 Lexington Avenue					
Address	29th Floor					
City	New York	State	New York	Zip	10022	
Country	US					
Telephone	212-521-5408	Fax	212-521-5450			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Arindam Datta
Signature	
Date	4/27/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	10/692,055
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First Named Inventor	Craig D. Friedman
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Attorney Docket Number	501438.20501

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☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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SIGNATURE of Applicant or Assignee of Record

Name Craig D. Friedman

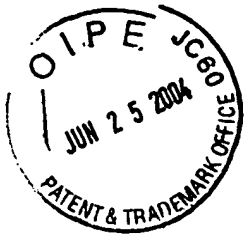
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on June 22, 2004
Date

William H. Dippert
Registration No. 26,723

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New York, New York 10022-7650
Tel: 212-521-5400; Fax: 212-521-5450

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Applicant: Craig D. Friedman, et al.
Serial No: 10/692,055
Filing Date: October 22, 2003
For: METHOD AND SYSTEM FOR INTRAVESICULAR DELIVERY OF THERAPEUTIC AGENTS
Enclosures: (1) Transmittal (1 page);
(2) Executed Declaration & POA forms (9 pages);
(3) Acknowledgement Postcard.

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